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# CALIFORNIA STATE BOARD OF HEALTH

## Weekly Bulletin



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APRIL 15, 1922

GUY P. JONES  
EDITOR

### Cleaning Up Japanese Farms.

The Japanese are particularly susceptible to typhoid fever. The case rates and the death rates for this disease are higher for the Japanese than for any other foreign-born residents of California. For these reasons the State Board of Health has started an active and intensive campaign for the improvement of sanitary conditions of Japanese vegetable, berry and fruit farms. During March more than 130 of such places were inspected. Insanitary conditions were found on practically every ranch visited. These bad conditions are due to dilapidated vault toilets, open cesspools, lack of plumbing facilities and general uncleanness. The improvement of such conditions was taken up with the owners of the land, the Japanese tenants and the secretaries of the Japanese associations. The State Board of Health inspectors met with a ready response to their requests that new equipment be installed. The Japanese associations and the tenants of the farms involved showed a marked willingness to cooperate with the State Board of Health in this work.

In most instances the landowners are supplying the material and the Japanese tenants are performing the necessary labor in the installation of new sanitary equipment. To date, more than 100 old cesspools have been filled in and 80 new cesspools have been provided. More than 3000 feet of drainage pipe has been laid and more than 16 sinks have been connected with cesspools. More than 70 toilets have been made fly-tight, 16 old toilets have been demolished and more than 20 new toilets have been constructed.

The Japanese associations have given this matter considerable publicity in the local Japanese newspapers. A published

appeal to Japanese farmers urging them to make the sanitary improvements recommended by the State Board of Health has been effective in arousing a splendid spirit of cooperation.



### Course For Nursing Instructors.

A special five weeks' course for instructors of nursing will be given at Stanford University June 20th to July 26th. While the course is arranged, primarily, for those interested in the teaching of nursing subjects it is open to all graduates of accredited schools of nursing. Courses in general psychology, training school administration and teaching of nursing principles and methods are required. Four or more hours of elected subjects, in addition, may be chosen from courses offered by the various departments of the university. Demonstrations will be given in the Palo Alto hospital and trips of inspection will be made to hospitals of San Francisco and other cities of the bay region. Tuition, incidental fees for the five weeks should amount to about sixty dollars. Board and room in the women's dormitory for the five weeks may be obtained for sixty dollars.

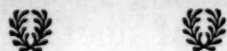
The nursing faculty will consist of Helen Wood, R.N., Director of Washington University School of Nursing, St. Louis; Anna C. Jamme, R.N., Director of California Bureau of Registration of Nurses; Maude Landis, R.N., Professor of Nursing, Stanford University and Superintendent of Stanford University Hospital, and Mary Walsh, R.N., Instructor in Practice of Nursing, Stanford University. Applications for enrollment and requests for further information should be addressed to Prof. C. S. Stoltenberg, Stanford University, California.



### Teachers Can Help.

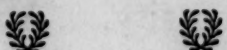
Measles is as highly communicable as influenza and is equally difficult to control. Very few cases have been reported in California recently. A glance at the communicable disease report on the last page of this issue will show that there have been but 75 cases of measles reported during the past four weeks while during the corresponding four weeks of last year more than 2300 cases were reported. The disease moves in huge waves, generally becoming exceedingly prevalent about every third year.

If all teachers were immediately to call the attention of school medical inspectors or nurses to the presence of children with red running eyes and nose, cough and fever, much could be accomplished in reducing the spread of the disease. An observing teacher who takes such action may be an important factor in preventing the occurrence of cases of the disease in her classroom. If every teacher in the state were to follow this procedure the result would be extremely effective in the control of measles. The school nurse can not always be present when these common symptoms of measles first appear and it is to the teacher that we must look for prompt recognition of the presence of the disease and for prompt action in calling attention to the fact.



### Common Towels Prohibited.

A number of roller towel devices have recently appeared in public places, some of which, it would seem, are in violation of the law in that through some fault in the mechanical operation they often fail to deliver a clean towel. These devices consist of cabinets containing bolts of crash toweling which are supposed to unwind, either by means of mechanical release or by means of pulling the toweling. When these contrivances work there can be no possible objection to them, but experience has shown that they fail to operate a large part of the time. When a clean towel is not delivered the law is violated. Inspectors of the State Board of Health recently found four of these devices in a large industrial plant, three of which were not in working order. The exposed toweling in these three cabinets had apparently been in common usage for many hours, constituting a direct violation of chapter 744, acts of 1917.



Health is not the property of the individual who enjoys it, but of the community; disease menaces not only the sufferer, but all with whom he may come in contact.—Bertha Ott.

### New Diphtheria Immunity Test.

Dr. W. H. Kellogg, Director of the Hygienic Laboratory of the California State Board of Health, has devised a new diphtheria immunity test which possesses many distinct advantages over the Schick test, now used so extensively throughout the country. The latter test is advantageous when employed upon large groups of individuals. It is not practicable however for use upon individuals or small groups.

Under the new test devised by Dr. Kellogg it is necessary to send only a few drops of blood, folded in a sheet of tinfoil, just as specimens are submitted to the laboratory for the Widal test in cases of suspected typhoid fever. Physicians who desire to have this test made in cases of suspected diphtheria may use the Widal containers, until the new diphtheria containers are ready for distribution. The Hygienic Laboratory is now equipped for this work and specimens may be forwarded at any time.

The technique of the new test is too complicated for description in these columns. Dr. Kellogg has prepared an article covering this work, however, which will be published within a short time.



### Care of the Teeth.

A new publication entitled "The Care of the Teeth" has been prepared by the Division of Dental Hygiene of the California State Board of Health and is now ready for distribution. This publication, in simple language, and by means of clear illustrations, shows how to brush the teeth and how to care properly for them. It may be found useful for both children and adults. Requests for copies of this publication should be addressed to Division of Dental Hygiene, 725 Wells Fargo Building, San Francisco, Cal.



### Do You Want Vaccination Film?

A motion picture film on smallpox and vaccination has been loaned to the California State Board of Health. The Board is prepared to lend this film to health officers who may desire to have it shown. This film consists of but one reel which takes about twenty minutes to run. The subject is well worked out and it is a distinct contribution to educational work in the prevention of smallpox through vaccination.



It doesn't take a very clever person to fool a bright health officer—but it takes an artist to fool nature or deceive a Klebs-Loeffler bacillus.—Illinois Health News.



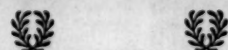
### Reducing Industrial Mortality.

During the ten years since September 1, 1911, approximately 6000 workers have been killed in California. The Industrial Accident Commission reports that the average age of these workers was 37.8 years. The dependents of these industrially killed numbered 7696 as a result of 3555 deaths. The total dependents were 2502 widows, 3665 children and 374 under the heading of "all others." The number of partial dependents was 1155. The number killed leaving no or unknown dependents was 2445. The average age of the widows was 38.2 years and the average age of the children 8.6 years. The Commission states: "The death of 6000 workers in a decade is an indictment against a common citizenship." The number of industrial deaths in California, however, show a reduction of almost one-third for the seven year period from 1914 to 1920 inclusive. In 1914 there were 25.1 fatal industrial accidents per 100,000 population, while in 1920 this was reduced to 17.3 accidents per 100,000 population. The protection of the public health and the prevention of disease have many points in common with the prevention of industrial accidents. While every safeguard must be provided for the protection of the public against industrial accidents and against communicable disease, still the greatest single factor in both lines of endeavor lies in education.



### Mayor Urges Vaccination.

Mayor Berkeley of Santa Monica, although smallpox is not present in his city, is urging the people of Santa Monica to pay closer attention to vaccination against smallpox. Mayor Berkeley places strong emphasis upon the need for the prevention of the disease and urges the people of his city to heed the recent increase in the number of cases throughout the state and to act now in prevention of the appearance of smallpox in Santa Monica.



### Why Use the "R. N."?

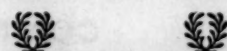
Nurses have fought and bled for their "R. N." on many a legislative battlefield. It has come to be the symbol of a profession, the magic letters that open the door and lead further on, that place the seal of qualification and proclaim the holder as one who has met certain requirements. It is not easily won; it has cost three years of stiff training, a state examination, sometimes two and three examinations. It is a precious possession,

something to be cherished and protected, not lost. Many things depend upon it—professional standing, membership in organizations, positions. Without it the doors are closed.

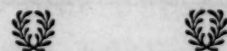
The R. N. is for the nurse what the M. D. is for the doctor, the D. D. S. for the dentist, the D. V. S. for the veterinarian. Why not use it? Why do we find it absent so often when officially it belongs at the end of a name? Mary Smith is just Mary Smith a woman, Mary Smith, R. N., is a registered nurse, a graduate of an accredited school of nursing who has qualified by state examination, who knows or should know her business as a nurse; she has standing and a definite status.

In a certain set of files in the Bureau of Registration of Nurses there are five thousand and seven (5,007) registered nurses alive and functioning as such. There are in another set of files four thousand six hundred and twenty-eight (4,628) expired. Some of these are, no doubt, not of this world, some have left the state, some have abandoned their profession; this is what remains after the renewal of 1922. Undoubtedly some of the expired may later wish to be revived, but as they are now in the files their certificate is dead. This list will soon be ready for the secretaries of the associations to check up on their membership. It is an interesting list because it is alive and worth the work entailed to get it.

Are you using your R. N.?

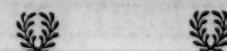


The canker of disease gnaws at the very root of our national strength. The sufferers are not few or insignificant. They are the bread winners for at least a third part of our population. That they have causes of disease indolently left to blight them amid their toil is surely an intolerable wrong. And to be able to redress that wrong is perhaps among the greatest opportunities for good which human institutions can afford.—Sir John Simon.



It has been said that the most remarkable discovery of the present age, more remarkable than the telephone, automobile or aerial navigation is the discovery of a social conscience. Perhaps it is this social conscience which has led us to appreciate that the test of our civilization lies in our attitude toward our children. As Secretary Hoover has so vividly put it. "Our responsibility for children is based not alone in human aspirations, but it is also based upon the necessity to secure physical mental and moral health and the economic and social progress of a nation.

Any child that is delinquent in body education or character is a charge upon the whole community as a whole and a menace to the community itself. The children are the army with which we must march to progress."



What is required next is popular education—education not in disease but in health.—Sir William Osler.



**MORBIDITY.****Influenza.**

Influenza has almost reached the vanishing point. There were but 294 cases reported last week. This is a sharp decrease as there were nearly 4000 cases reported during the week ending March 18th.

**Smallpox.**

Smallpox remains about stationary. The disease is still more prevalent in Santa Clara County and Kern County than other sections of the state. In San Jose and in the rural districts of Santa Clara County 11 cases were reported last week. Kern County and Bakersfield reported 10 cases; 4 cases were in Los Angeles and 2 in Long Beach.

**Typhoid Fever.**

Typhoid fever doubled in prevalence last week. There were 16 cases reported, 4 of which are in Stockton, 3 in Orange County, 2 in Kern County and 2 in San Francisco. Plumas County, Monterey County, Tulare County, Los Angeles and Sacramento each reported 1 case.

**Cerebrospinal Meningitis.**

San Francisco and Los Angeles each reported a case of this disease last week.

**Epidemic Encephalitis.**

Not a single case of this disease was reported last week.

**Poliomyelitis.**

No cases of poliomyelitis were reported last week.

**LIST OF DISEASES REPORTABLE BY LAW.**

ANTHRAX	MEASLES
BERI-BERI	MUMPS
BOTULISM	OPHTHALMIA NEONATORUM
CEREBROSPINAL MENINGITIS (Epidemic)	PARATYPHOID FEVER
CHICKENPOX	PELLAGRA
CHOLERA, ASIATIC	PLAGUE
DENGUE	PNEUMONIA
DIPHTHERIA	POLIOMYELITIS
DYSENTERY	RABIES
ENCEPHALITIS (Epidemic)	ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
ERYSIPELAS	SCARLET FEVER
FLUKES	SMALLPOX
FOOD POISONING	SYPHILIS*
GERMAN MEASLES	TETANUS
GLANDERS	TRACHOMA
GONOCOCCUS INFECTION*	TUBERCULOSIS
HOOKWORM	TYPHOID FEVER
INFLUENZA	TYPHUS FEVER
LEPROSY	WHOOPIING COUGH
MALARIA	YELLOW FEVER

\*Reported by office number. Name and address not required.

**QUARANTINABLE DISEASES.**

CEREBROSPINAL MENINGITIS (Epidemic)	POLIOMYELITIS
CHOLERA, ASIATIC	SCARLET FEVER
DIPHTHERIA	SMALLPOX
ENCEPHALITIS (Epidemic)	TYPHOID FEVER
LEPROSY	TYPHUS FEVER
PLAGUE	YELLOW FEVER

Section 16, Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

**COMMUNICABLE DISEASE REPORTS.**

Disease	1922				1921			
	Week ending			Reports for week ending April 8 received by April 11	Week ending			Reports for week ending April 9 received by April 13
	Mar. 18	Mar. 25	Apr. 1		Mar. 19	Mar. 26	Apr. 2	
Anthrax.....	0	0	0	0	0	0	0	0
Cerebrospinal meningitis.....	3	1	2	2	4	4	5	3
Chickenpox.....	195	153	151	163	214	204	242	145
Diphtheria.....	183	163	161	117	141	130	166	124
Dysentery (bacillary).....	2	0	1	0	0	4	2	4
Epidemic encephalitis.....	5	1	4	0	5	5	5	2
Gonorrhoea.....	52	70	68	90	79	57	124	100
Hookworm.....	0	2	0	0	0	0	0	0
Influenza.....	3,911	1,529	854	294	163	168	134	89
Leprosy.....	0	2	1	0	1	0	0	0
Malaria.....	2	3	3	1	3	9	3	3
Measles.....	15	22	22	16	622	707	538	484
Mumps.....	110	71	56	54	257	312	202	201
Pneumonia.....	264	188	211	101	86	82	64	80
Poliomyelitis.....	0	1	2	0	3	0	1	2
Scarlet fever.....	129	142	101	109	124	115	107	108
Smallpox.....	59	38	44	41	143	101	118	114
Syphilis.....	93	102	113	100	55	46	105	119
Tuberculosis.....	212	206	288	86	183	156	182	192
Typhoid fever.....	6	8	7	16	12	28	20	11
Whooping cough.....	41	44	67	66	74	48	64	52